Te Hāhi Wēteriana O Aotearoa
Public Issues

Three discussions on Solutions to Child Poverty

Resource Three: Health

Health: A Resource on Solutions to Child Poverty And Vulnerability

Recommendations of the Children's Commission

- All children, starting from prenatal checks, need to be assessed for health care. Assessment means a profile of a child's needs and vulnerabilities can be developed so that any support can be set in place and monitored. It is important for pregnant women to have maternal services and support beyond a child's birth to age five.

  Support the Free *Child Health Care Scheme* - primary healthcare for all children 0-6 years, 24 hours/7 days.

- Support proposals that involve further programmes focused on nutrition, immunization, dental care, maternal health care, gambling, addiction, smoking.

- Food in schools is one of the most compelling recommendations to support health and education for children. The Children's Commission has a policy framework for this. (Children's Commission A 2013).

- Expand the reach of effective parent support and education programmes

Discussion on what we can do

Health, housing, education and incomes are all inter-linked. Many churches are centres for parents with young families and run play groups and early childhood activities.

Nutritious food, warm and stable housing and access to health services are foundations for health. In what ways do church centres support the wider needs of families, and how can we strengthen activities such as providing information on local services, contributing to nutrition and in giving support for warm houses?

Theological introduction

The worst of the industrial revolution was exposed in the unscrupulous exploitation of children (J. Stuart, 2008, p. 55).

In 'Thoughts on the Present Scarcity of Provisions' Wesley wrote 'thousands of people are starving, perishing for want in every part of the nation. I have seen it with my own eyes'. He spoke of people finding a dog bone in the street and boiling it up for broth . 'Such is the case of multitudes of people in a land, flowing as it were, with milk and honey.'

Our parallel is that the worst of the market economy is exposed in the unscrupulous impacts on children. Wesley felt that compassion for children who are in such need requires practical action so he set up a church structure to respond to those struggling to survive in the industrial revolution.

Stewards were appointed to manage the practical affairs of the Wesley societies. Members of the societies were invited to visit the poor and sick, to give them support and relieve their suffering, and advocate for them.

Health Clinics were set up to provide remedies for those who 'are ill of chronic distempers'. Clinics were staffed by an apothocary (pharmacist) and an experienced surgeon (Doctor) (J. Stuart, 2008, p. 101).

Child Health Context

Children growing up in low income households face multiple risks. Children in families living in poverty without enough income for housing and food are at risk of poor health. Poor physical and emotional health affects how well children do at school. Sickness and hunger means more absence from school. Cold damp housing increases the risk of lung and chest infections and causes some diseases such as rheumatic fever.

Low family income links with higher infant deaths, poorer mental health and cognitive development and higher rates of admission to hospital.

The outcomes for children from income poverty, bad housing and poor health have long term consequences, with effects being seen in education,

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employment, relationships, and community life. People with better health tend to have better education and employment and prospects for long term incomes, as well as better social networks.

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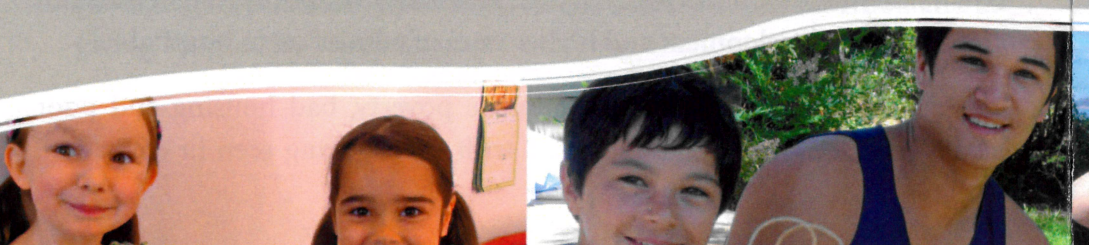
The Children's Commission took a life-course approach to health recommendations. This means providing for long term health which starts with health care and support from ante-natal care to adolescence.

The early years of life are very likely to shape the long term prospects for children. There is a strong relationship between poverty and neighbourhood deprivation, overcrowding and poor health, unpredictable behaviour and violence for children living in poverty.

Social and emotional problems are more likely when children live with stress, with drug abuse, family violence, and teen pregnancy. A cycle of advantage



or disadvantage begins in childhood. There needs to be equality of early development opportunities for all children.

Better Public Services – Priorities relevant to health

Better Public Services is a Government planning framework which is shaping Welfare Reform (www.ssc.govt.nz/bps-results-for-nzers). They are oriented to cost savings in welfare. Aspects which include support for vulnerable children include:

- Increase participation in early childhood education
- Increase infant immunisation rates and reduce rheumatic fever
- Reduce the number of assaults on children.

Other Better Public Services include: Reducing long-term welfare dependence, boosting skills and employment, reducing crime, improving interaction with government. (For details see link PIN A, 2013).

These public service goals are a source of guidance on policy for children. For example there are funds to reduce rheumatic fever and to increase immunization. Policy goals do not include reducing poverty, other than through market driven means to increase employment.

Key areas for child health improvements

Improving antenatal care and maternal services through the Lead Maternity Care programme will be achieved through care from the time a pregnant woman enrolls with this programme through to the Well Child/Tamariki Ora programme 6 weeks after birth.

Maternity care is usually provided by midwives, but there is regional disparity in the availability of services, with those living in more rural areas less well provided for. Māori and Pacific children from poor and disadvantaged circumstances are less likely to receive this maternity support. DHB's are responsible for maternity services and for checking quality and contact with families.

The Children's Commission recommends a 'common assessment process' across all the health programmes, which should take into account physical and mental health, family functioning as well as nutrition, housing, transport, food and clothing. Home visiting for low income families is provided through Family Start (a Ministry of Social Development programme)

Pacific and Māori

The disparity in health outcomes for Māori and Pacific children is stark. Māori and Pacific children have the highest smoking, obesity, and hazardous drinking rates of all ethnic groups.

Inequalities in health for Māori and Pacific children appear early in life and are linked to causes of death, injury and hospitalization. For example

> Māori babies are 5 times more likely to die of Sudden Death Syndrome, and Māori and Pacific mothers are more likely to have still births than all other groups.
>
> Pacific children and young adults are fifty times more likely to go to hospital with acute rheumatic fever than European children. Māori children are 25 times more likely to go to hospital with rheumatic fever than European children
>
> Māori and Pacific children are 5.6 times more likely than those in wealthier areas to be hospitalized for assault, neglect or maltreatment

These inequalities mean poorer health in adulthood, such as in higher rates of heart disease, alcohol and drug addiction and worse oral health.

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Netherlands Study

As child poverty has increased in New Zealand comparisons are being made with the wellbeing of children in other countries.

A Report for Every Child Counts (Infometrics 2012) showed that New Zealand's investment in children is very low, and that this has long term effects of poor outcomes and costly consequences. It is estimated that the cost of unemployment, health care, crime, drug abuse that come from poverty and poor early life chances in New Zealand is about $8 billion per year.

The Netherlands spends more than New Zealand on children and youth, and has far better outcomes. New Zealand spends about US$14,000 per child, the Netherlands about US$24,000 and the top spending Nordic countries, spend over US$50,000 per child. (See link Every Child Counts, 2011).

The Netherlands has half the child poverty rate of New Zealand; there is a culture of care for families. Although there are funding cuts to some aspects of child and family support during the austerity measures in Europe, there is an orientation of prevention and support rather than judgment and punishment. Parental responsibility for children is supported by universal services to make it easy for parents to get the help they need. (Rowe Davis Research, *The Netherlands Study*, 2012)

As part of the culture of care for children and youth in the Netherlands, there is an expectation parents will be at home to support children growing up and there is less emphasis on work. Only 8% of women were in more than 35 hours of work per week in 2010. At the same time there is longer paid parental leave and more subsidies for childcare and after school care.

In the Netherlands local governments must offer centres for preventative support and advice to parents, children and adolescents. A Youth Care Act is for services for young people and their parents. A review is under way which may strengthen the requirements to 'enable youth to participate in society' and this would be achieved by special health care, employment and education.

It is important that children should not be the victims of the wider inequality in New Zealand. A re-design of Well child /Tamariki Ora would mean ensuring that services are effective for all children. This principle of universal care means that more effort, such as in training and regional provision, and more resources, including funds need to be directed to children who are missing out.

Food

New Zealand's food producing capabilities need to benefit all New Zealanders. (There is legislation in South Africa to this effect in regard to the benefits of mining, which includes the principle that all South Africans are entitled to share in the benefits of mineral wealth). A recent New Zealand research paper on food notes that as a food producing country, the cost of milk and other food is regulated by global prices (Globalization and Health 2009, 5:1). This means that the price of milk is high and the price of sugar enhanced drinks is low.

One of the concerns about the Trans Pacific Partnership Agreement is that, if New Zealand signs up to this, our internal mechanisms to protect pharmaceuticals and food prices may contravene the terms of the TPPA and other trade agreements. This would mean that international drug companies could over-ride Pharmac, or sue the New Zealand government for loss of profits. (See link PIN B, 2013)

In the interests of health and fairness it is appropriate to advocate for a system of internal pricing that makes the price of food accessible.

Churches and many community groups are providing and supporting community gardens. Churches in particular, have land assets which are being used productively to grow food to meet the needs of communities. We propose a tax break for food production which would provide an incentive to community garden initiatives. Legislation to this effect is in place in Japan. We appreciate that an investigation is needed to address the benefits and effects for farming as well as community level food provision.

Housing and Health

Crowded houses mean much more risk of infectious diseases. The main risk of poor housing is that children are much more likely to get infectious diseases because skin sores and colds and coughs spread more rapidly when children sleep with brothers and sisters and cousins and adults who are infectious.

Rheumatic Fever is a disease of poverty. When a symptom of a sore throat goes untreated because of the cost of going to a doctor, or because of poor awareness the rate of rheumatic fever goes up dramatically. This affects the heart and may mean permanent damage.

Concluding note

All in all, the Children's Commission gives positive proposals for the health of children. These draw together many strands of the fabric of wellbeing, including correcting health for Māori and Pacific children. Health services from antenatal care to adolescence are the base setting for child health. Housing and community vitality shape the long term prospects for children and their health, and churches are part of the fabric of vibrant communities.

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